Document Description: Petition to withdraw attorney or agent (SB83)

REQUEST FOR WITHDRAWAL

AS ATTORNEY OR AGENT

AND CHANGE OF

PTO/SB/83 (11-08)

10/593.415

7/17/2007

2613

Adolf Cartaxo

Approved for use through 11/30/2011 OMB 09651-0035

U. S. Patent and Trademark Office U. S. DEPARTMENT Available U. S. DEPARTMENT Application Number First Named Inventor

Filing Date

Art Unit

| CORRESPONDENCE ADDRESS  | Examiner Name          | Hanh Phan           |  |  |  |  |  |
|---|------------------------|---------------------|--|--|--|--|--|
|   | Attorney Docket Number | 039090-00108        |  |  |  |  |  |
| To: Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450  |                        |                     |  |  |  |  |  |
| Please withdraw me as attorney or agent for the above identified patent application, and  |                        |                     |  |  |  |  |  |
| all the practitioners of record,  |                        |                     |  |  |  |  |  |
| the practitioners (with registration numbers) of record listed on the attached paper(s), or   |                        |                     |  |  |  |  |  |
| the practitioners of record associated with Customer Indiniber  |                        |                     |  |  |  |  |  |
| NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed<br>Customer Number.                          |                        |                     |  |  |  |  |  |
| The reason(s) for this request are those described in 37 CFR:   |                        |                     |  |  |  |  |  |
| 10.40(b)(1) 10.40(b)(2)   | 10 40(b)(3)            | 10 40(b)(4)         |  |  |  |  |  |
| 10.40(c)(1)(i) 10.40(c)(1)(ii)  | 10 40(c)(1)(iti        | ) 10.40(c)(1)(rv)   |  |  |  |  |  |
| 10.40(c)(1)(v) 10.40(c)(1)(vi)  | 10.40(c)(2)            | 10 40(c)(3)         |  |  |  |  |  |
| 10 40(c)(4) 10 40(c)(5)   | L                      | lease explain below |  |  |  |  |  |
|   |                        |                     |  |  |  |  |  |
|   |                        |                     |  |  |  |  |  |
|   |                        |                     |  |  |  |  |  |
|   |                        | İ                   |  |  |  |  |  |
|   | Certifications         |                     |  |  |  |  |  |
| Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not<br>be approved.                              |                        |                     |  |  |  |  |  |
| I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment. |                        |                     |  |  |  |  |  |
| I/We have delivered to the client or a duly authorized representative of the client all papers and property including funds) to which the client is entitled. |                        |                     |  |  |  |  |  |
| <ol> <li>I/We have notified the client of any responses that may be due and the time frame within which the<br/>client must respond.</li> </ol>               |                        |                     |  |  |  |  |  |
| Please provide an explanation, if necessary:  |                        |                     |  |  |  |  |  |
|   |                        |                     |  |  |  |  |  |

(Page 1 of 2)

Page 1 of 2]
This collection of allormation is sequired by 37 CFR 1 36. The information is suggested to botten or retain a benefit by the public which is to fire (and by the USPTO to process) an application. Colliderately is governed by 36 U S C 122 and 37 CFR 1 11 and 1 14. This collection is satirmated to take 12 minutes to complete counting gathering, preparing, and sustaining the completed application from the USPTO. Time with any depending upon the individual case Arry comments on the amount of time you require to complete this from anotice suggested in the Centre of the Centre ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

| Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71. |                         |            |                            |                        |        |   |  |
|--|-------------------------|------------|----------------------------|------------------------|--------|---|--|
| Change the correspondence address and direct all future correspondence to:   |                         |            |                            |                        |        |   |  |
| A. The address of the inventor or assignee associated with Customer Number:87133   |                         |            |                            |                        |        |   |  |
| OR   |                         |            |                            |                        |        |   |  |
|  | entor or<br>signee name |            |                            |                        |        |   |  |
| Address  |                         |            |                            |                        |        |   |  |
| City   |                         | State      | Zip                        |                        | Countr | у |  |
| Telephone  |                         | Email      |                            |                        |        |   |  |
| I am authorized to sign on behalf of myself and all withdrawing practitioners.   |                         |            |                            |                        |        |   |  |
| Signature /Kevin R. Spivak/  |                         |            |                            |                        |        |   |  |
| Name   | Kevin R. Spivak         |            | Registration No. 43148     |                        |        |   |  |
| Address Dickinson Wright PLLC 1875 Eye Street, N.W. Suite 1200   |                         |            |                            |                        |        |   |  |
| City Was   | hington                 | State D.C. | Zip 2000                   | Zip 20006 Country U.S. |        |   |  |
| Date   | 05/27/2010              |            | Telephone No. 202,659,6929 |                        |        |   |  |
| NOTE Withdrawal is affective when approved rather than when received.  |                         |            |                            |                        |        |   |  |

[Page 2 of 2]

Page 2 of 2]
This collection of information is required by 37 CFR 1.36. The information is required to obtain or relian a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U S C 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete including gathering, repeating, and subtimiting the completed application for the Husbrid Vision on the amount of time by our require to complete this form and/or suggestions for reducing this burden, about 0.9 beset to the Chief Information Officer, U.S. Page 1.27 and Trademark Office, U.S. Department of Commerce P.O. Dea H450, Alexandria, VA. 2231-1450, D.N. ON STS REP. PEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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The Privacy Act of 1974 (P.L. 93-579) requires that you be given certain information in connection with your submission of the attached form related to a patent application or patent Accordingly, pursuant to the requirements of the Act, please be advised that (1) the general authority for the collection of this information is 30 U.S. C 2(b)(2); (2) furnishing of the information solicated is voluntary; and (3) the principal purpose for which the information is used by the U.S. Patent and Trademark Office is to process and/or examine your submission related to a patent application or patent. If you do not furnish the requested information, the U.S. Patent and Trademark Office may not be able to process and/or examine your submission, which may result in termination of proceedings or abandonment of the application or expiration of the patent.

The information provided by you in this form will be subject to the following routine uses:

- 1. The information on this form will be treated confidentially to the extent allowed under the Freedom of Information Act (6 U.S.C. 552) and the Privacy Act (5 U.S.C. 5522). Records from this system of records may be disclosed to the Department of Justice to determine whether disclosure of these records is required by the Freedom of Information Act.
- A record from this system of records may be disclosed, as a routine use, in the course of presenting evidence to a court, magistrate, or administrative tribunal, including disclosures to opposing counsel in the course of settlement negotiations.
- A record in this system of records may be disclosed, as a routine use, to a Member of Congress submitting a request involving an individual, to whom the record pertains, when the individual has requested assistance from the Member with respect to the subject matter of the record.
- A record in this system of records may be disclosed, as a routine use, to a contractor of the Agency having need for the information in order to perform a contract. Recipients of information shall be required to comply with the requirements of the Privacy Act of 1974, as amended, pursuant to 5 U.S.C. 552a(m).
- A record related to an International Application filed under the Patent Cooperation Treaty in this system of records may be disclosed, as a routine use, to the International Bureau of the World Intellectual Property Organization, pursuant to the Patent Cooperation Treaty.
- A record in this system of records may be disclosed, as a routine use, to another federal agency for purposes of National Security review (35 U.S.C. 181) and for review pursuant to the Atomic Energy Act (42 U.S.C. 218(c)).
- 7. A record from this system of records may be disclosed, as a routine use, to the Administrator, General Services, or hisher designee, during an inspection of records conducted by GSA as part of that agency's responsibility to recommend improvements in records management practices and programs, under authority of 44 U Sc. 2904 and 2906. Such disclosure shall be made in accordance with the GSA regulations governing inspection of records for this purpose, and any other relevant (i.e., GSA or commerce) directive Such disclosure shall be to make determinations about individuals.
- 8. A record from this system of records may be disclosed, as a routine use, to the public after either publication of the application pursuant to 35 U.S.C. 151. Further, a record may be disclosed, subject to the limitations of 37 CFR 1.14, as a routine use, to the public if the record was field in an application which became abandoned or in which the proceedings were terminated and which application is referenced by either a published application, an application open to public inspection or an issued patient.
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## "FEE ADDRESS" INDICATION FORM

| <u> </u>  |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| Address to: Fax to: Mail Stop M Correspondence 571-273-6500 Commissioner for Patents - OR - P.O. Box 1450 Alexandria, VA 22313-1450   |   |  |  |  |  |  |
| When to check the first box below: If you have a Cut to check the second box below: If you have no Cust in which case a completed Request for Customer Num more information on Customer Numbers, see the Manual Customer Numbers. | an be established as the fee address for maintenance<br>should be established when correspondence related to<br>ess than the correspondence address for the application,<br>stomer Number to represent the fee address. When<br>omer Number representing the desired fee address,<br>tiber (PTO/SB/125) must be attached to this form. For<br>ual of Patent Examining Procedure (MPEP) § 403. |  |  |  |  |  |
| For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:  |   |  |  |  |  |  |
| Customer Number: 287  |   |  |  |  |  |  |
| OR  |   |  |  |  |  |  |
| The attached Request for Customer Number (PTO/SB/125) form.   |   |  |  |  |  |  |
| PATENT NUMBER (if known)  | APPLICATION NUMBER  |  |  |  |  |  |
| 10/593,415  | 039090-00108  |  |  |  |  |  |
| Completed by (check one):   |   |  |  |  |  |  |
| Applicant/Inventor  | /Kevin R. Spivak/   |  |  |  |  |  |
| Attorney or Agent of record 43148 (Reg. No.)  | Kevin R. Spivak Typed or printed name   |  |  |  |  |  |
| , ,   |   |  |  |  |  |  |
| Assignee of record of the entire interest. See 37 CFR Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  | Requester's telephone number  |  |  |  |  |  |
| Assignee recorded at Reel Frame   | 05/27/2010  |  |  |  |  |  |
| NOTE. Signatures of all the inventors or assignees of record of the entire interest signature is required, see below."  | Date or their representative(s) are required. Submit multiple forms if more that one  |  |  |  |  |  |

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The information provided by you in this form will be subject to the following routine uses:

- The information on this form will be treated confidentially to the extent allowed under the Freedom of Information Act (5 U.S.C. 552) and the Privacy Act (5 U.S.C. 552a). Records from this system of records may be disclosed to the Department of Justice to determine whether disclosure of these records is required by the Freedom of Information Act.
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